

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039532

STATE FILE NUMBER

Registration District No. 122 Primary Registration District No. 2000 Registrar's No. 1542

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 13 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greene		c. CITY OR TOWN Ava	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Foster Nursing Home		d. STREET ADDRESS Route 5,	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Kell Middle Fleetwood Last 		4. DATE OF DEATH Month Nov. Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-23-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		9. AGE (last birthday) 80	11. BIRTHPLACE (City and state or country) Douglas Co. Mo.
13a. FATHER'S NAME Ty Fleetwood		13b. MOTHER'S MAIDEN NAME Ban Rice	14. NAME OF HUSBAND OR WIFE Lula Fleetwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 	
17. INFORMANT Betty Wilson, Okla. City, Okla.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis DUE TO (b) Senility DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m. 		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 	
20f. CITY, TOWN, OR LOCATION Springfield, Missouri		20g. COUNTY Douglas	
20h. STATE Missouri		21. I attended the deceased from 11, 5, 1963 to 11, 7, 63 and last saw her alive on 11, 5, 63 Death occurred at 7:55 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Don Musick M.D.		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 11-10-63		22d. LOCATION (City, town, or county) (State) Route 5, Ava, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-10-63	
23c. NAME OF CEMETERY OR CREMATORY Yates		23d. LOCATION (City, town, or county) (State) Route 5, Ava, Missouri	
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 11-12-63	
26. REGISTRAR'S SIGNATURE Lorraine Medley		26. REGISTRAR'S SIGNATURE Lorraine Medley	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

11-9-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles R. Fisk

Licensed Embalmer No. 4662

P. O. Address Ava Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.